

SOLVE Volunteer Registration and Waiver Form

SOLVE				
Project:	Site Name		Date	
This is a waiver and release. Please read it care Risk Agreement ("Agreement") on behalf of myse	efully before signing. I, the urelf, my personal representatives	ndersigned, enter this Ro , next of kin, heirs, suc	elease and Waiver of liab cessors, and assigns.	ility and Assumption of
 I make this Agreement for the benefit of 	SOLV, other individual sponsors, suppliers, and owners on whose ve may be located iding, without limitation, agents, personal sors and assigns. Of the Released Parties icipate as a volunteer include dangerous or a may take place on a dangerous to me. If all risks arising from or include any compensation in strenuous, difficult or incomplete the Project and to me and that I am	 I agree to waive all liability of the Released Parties, discharge them, and covenant not to sue them for any liability, claims sums, costs, or other expenses on my account that may be caused in whole or in part by my participation in the Project. I agree that this Agreement shall act as a complete bar agains all actions or claims that I might otherwise bring against the Released Parties, including negligence claims, arising from or related to this project. I have read this Agreement, fully understand its terms understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement of assurance of any nature. I intend this Agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect. I understand that a photographer may be present to photographed while participating in the Project. I agree that will contact the photographer if I do not wish to be photographed. I hereby grant SOLV the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included. I hereby release Photographer and his/her legar representatives and assigns and SOLV from all claims and liability relating to any such photographs. 		
Thank you for volunteering.	Please print clearly.	(SOLVE neve	<u>er</u> sells or trades y	our information)
Name				. 🗌 Ms. 🗌 Mrs.
Address City	Phone			ome
State Zip	Organization			
Employee	e ID# (if available)			
☐ I am over the age of 18.	(Signature)			(Date)
If you are signing this for youth ve	olunteers, please also	complete below:		
☐ I am authorized, responsible and signing this waiver for the following volunteers under the age of 18.	, .	•		
	(Name of group or individ	ual names)		(# of youth signed for)
What would be the best way to co Please consider email, as it is the most				
☐ Email, use the address below.	☐ Mail, use a	address above.	☐ Please do not	t contact me.
(please write your email address in the boxe	so Delow)		☐ Home	Business